

FROM McANDREWS, HELD, & MALLOY

(MON) 5. 1'06 11:20/ST. 11:19/NO. 4861050690 P 1



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TO: Examiner Marceau Milord
Group Art Unit 2682

FAX NO.: 571 273 8300

FROM: Michael T. Cruz

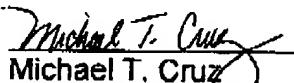
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MATTER: 15262US02

Number of Pages This Transmission (Including Cover Page): 26

I hereby certify that the attached correspondence, including a Response (21 Pages), a Transmittal Sheet (1 Page), a Fee Sheet (1 Page) and a Petition for a One-Month Extension of Time (1 Page Each, Filed in Duplicate), is being sent via facsimile transmission to the United States Patent and Trademark Office on May 1, 2006.


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PTO/SB/21 (09-04)

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TRANSMITTAL FORM		Application Number	09/692,420
		Filing Date	October 19, 2000
		First Named Inventor	H. Darabi
		Art Unit	2682
		Examiner Name	Marceau Milord
Total Number of Pages in This Submission	25	Attorney Docket Number	15262US01

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response (21 Pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return-Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	Extension of Time Request filed in Duplicate.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.
Signature	<i>Michael T. Cruz</i>
Printed Name	Michael T. Cruz
Date	May 1, 2006

CERTIFICATE OF FAX TRANSMITTAL

I hereby certify that this correspondence is being sent via facsimile transmission to Examiner Marceau Milord at the United States Patent and Trademark Office, fax No. 571 273 8300, on May 1, 2006.

Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	May 1, 2006

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PTO/SB/17 (01-06)

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Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

Complete if Known

**FEE TRANSMITTAL
for FY 2006**

Applicant claims small entity status. See 37 CFR 1.27

Application Number	09/692,420
Filing Date	October 19, 2000
First Named Inventor	Hooman Darabi
Examiner Name	Marceau Milord
Art Unit	2682
TOTAL AMOUNT OF PAYMENT	(\$ 120.00)
Attorney Docket No.	15262US01

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

Charge Fee(s) indicated below

Charge Fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fees(s) Credit any overpayments under 37 CFR 1.16 and 1.17

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee(\$) **Fee(\$)**

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims

Extra Claims

Fee(\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee

Fee Paid (\$)

-20 or HP

=

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee(\$)

Fee Paid (\$)

-3 or HP

=

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee(\$)

Fee Paid(\$)

-100

/50

(round up to a whole number)

=

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for One-Month Extension of Time (\$120)

120.00

SUBMITTED BY

Signature	<i>Michael T. Cruz</i>	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8084
Name (print/type)	Michael T. Cruz			Date	May 1, 2006